Form

North Dakota Office of State Tax Commissioner



# 500 Authorization To Disclose Tax Information And Designation of Representative

| Name                | LC  | Telephone No. |                     |          | Soc. Sec. No. or FID No. |                        |         |        |             |
|---------------------|---|---------------|---------------------|----------|--------------------------|------------------------|---------|--------|-------------|
| Name                | of Spouse, Fiduciary or Personal Representative (if ap  | Telephone No. |                     |          | e No.                    | Spouse's Soc. Sec. No. |         |        |             |
| Street Address      |   |               | City                |          | 1                        |                        | State   |        | Zip Code    |
|                     | gnated Individual (or Firm) (Do Not (   |               |                     |          |                          |                        | ·       |        |             |
| Name                | of Individual (or Firm)   | Telepho       | one No.             | Soc      | . Sec. N                 | o. or FID No.          |         | E-ma   | ail Address |
| Street Address City |   |               | L                   |          | State Zip Code           |                        | Fax No  |        | No.         |
|                     | k the appropriate box(es): Authorization To Disclose Tax Information with the Office of State Tax Commissioner to the a Type of Tax   |               |                     | or f     | irm witl                 | n respect to the foll  |         | atters | :           |
|                     | 3,  |               |                     |          |                          |                        |         |        |             |
| □ B.                | Designation of Representative. The Tax Commissioner to represent the above-named taxpayer(s) before the Office of Type of Tax   |               |                     |          | oner wi                  | th respect to the fo   |         |        |             |
|                     | This designation of representative also authorizes the Tax Commissioner to disclose confidential tax information on file with the Office of State Tax Commissioner to the representative. The representative is authorized to perform all acts that the taxpayer can perform <b>except</b> that only an individual admitted and licensed to practice law in North Dakota may sign a complaint, represent the taxpayer in a formal administrative review under North Dakota Century Code ch. 28-32, or represent the taxpayer in any court proceeding. |               |                     |          |                          |                        |         |        |             |
| ⊔ C.                | <b>Authorization To Disclose Tax Information</b> or e-mail, or both, to disclose confidential tax inforindividual or firm with respect to the above-identification.   | mation o      | n file with the Off |          |                          |                        |         |        |             |
| □ D.                | <b>Revocation.</b> The Tax Commissioner is notified to are revoked, and that no new authorization or design or Box C.)  |               |                     |          |                          |                        |         |        |             |
| orig<br>This        | s authorization to disclose tax information or a designal notices (e.g., a Notice of Determination), or other authorization to disclose tax information or a designation in effect until revoked by the taxpayer.   | er origina    | al written commun   | icati    | ons.                     |                        |         |        |             |
|                     | Signature of Taxpayer gned by a corporate officer, partner, governor, manapayer, I certify I have authority to sign this form on be   | ager, or fi   |                     | of       |                          |                        |         |        |             |
| Sign                | ature   | Date          |                     |          |                          | For O                  | ffice U | lse    | Only        |
| Print               | ted Signature   |               |                     |          |                          |                        |         |        |             |
| Title               | , if applicable   |               |                     | $\dashv$ |                          |                        |         |        |             |
| Sign                | ature of Spouse, if applicable  | Date          |                     | $\dashv$ |                          |                        |         |        |             |
| Print               | ted Spouse's Signature  |               |                     |          |                          |                        |         |        |             |

#### Instructions For Form 500

#### **General Information**

Form 500 may be used by a taxpayer to **Either:** 

- Authorize the Office of State Tax Commissioner to disclose confidential tax information with respect to the taxpayer to another individual or firm not otherwise entitled to the information; or
- Designate another individual or firm to represent or act on behalf of the taxpayer and authorize the Office of State Tax Commissioner to disclose confidential tax information to the designated representative.

A disclosure authorized by this form may take place by telephone, letter, facsimile, or e-mail (if that information is provided and Box C is also checked).

To change a Form 500 previously filed, a taxpayer must complete and file a new Form 500. The filing of a new Form 500 will automatically revoke all authorizations and designations previously made.

Mail the completed Form 500 to: Office of State Tax Commissioner, State Capitol, 600 E. Boulevard Ave., Bismarck, ND 58505-0599.

## **Completing Form 500**

### **Taxpayer Information**

For an individual - Enter the individual's name, telephone number, social security number, and mailing address.

For a corporation, partnership, LLP, or LLC - Enter the name, telephone number, federal identification number, and business address.

For a trust - Enter the name, telephone number, and federal identification number of the trust, and the name and address of the fiduciary.

For an estate - Enter the name and social security number or federal identification number of the decedent, and the name, telephone number, and address of the decedent's personal representative or fiduciary for the estate.

## **Designated Individual or Firm**

Enter the name, title, telephone number, social security number or federal identification number, and mailing address of the designated individual or firm. To authorize the disclosure of confidential tax information by facsimile or e-mail, enter the facsimile number or e-mail address, or both, and check Box C on the form. If designating more than one individual or firm, identify on a separate sheet and attach it to Form 500.

## Which Box To Check

- **Box A** Check this box if Form 500 is being filed to **Only** authorize the Office of State Tax Commissioner to disclose confidential tax information to an individual or firm other than the taxpayer.
- **Box B** Check this box if Form 500 is being filed to designate another individual or firm to represent or act on behalf of the taxpayer. Checking this box also authorizes the Office of State Tax Commissioner to disclose confidential tax information to the designated representative.

- **Box C** Check this box to authorize the Office of State Tax

  Commissioner to use facsimile or e-mail to disclose confidential tax information to the designated individual or firm.
- **Box D** Check this box if Form 500 is being filed to revoke all previously made authorization(s).

Note: If a separate sheet is being attached to identify additional designated individuals or firms, indicate the authority being given by entering "Box A" or "Box B," and "Box C", if desired, next to each one listed.

### Type of Tax, Form Number, Tax Year or Period

If limiting authorization or designation to a certain tax type, form, or taxable year or period, enter the type of tax (e.g., Individual Income Tax or Corporation Income Tax), the form number (e.g., Form ND-1 or Form 40), and tax year(s) or period(s) (e.g., 2002 or Tax period ending June 30, 2002). If more space is needed, attach an additional sheet.

## Signature of Taxpayer(s)

For a partnership - One of the general partners must sign.

For a corporation - An officer having authority to bind the corporation must sign.

For an LLC or LLP - A governor, manager, responsible member or partner must sign.

For an estate, trust, or any other situation where there is a fiduciary relationship - The personal representative, trustee, guardian, conservator, or other fiduciary must sign.